

Accreditation Report – Linking the Gap Counseling

Date of Review: December 2, 2021

Substance Use Disorder Score: 85.9%

REVIEW PROCESS:

Linking the Gap Counseling was reviewed by The Department of Social Services, Office of Licensing and Accreditation for adherence to the Administrative Rules of South Dakota (ARSD) on December 2nd, 2021. This report contains the following:

- Agency Summary
- Interview Results
- Stakeholder Results
- Administrative and Client Case Record Findings
- Areas of Compliance
- Areas of Recommendations
- Areas Requiring a Plan of Correction
- Prior Areas Addressed in Previous Review
- Accreditation Results

The accreditation results are derived from an administrative score which includes the scoring of policies and procedures, personnel files, the client case record scores, and an overall cumulative score.

AGENCY SUMMARY:

Linking the Gap is a counseling agency in Sioux Falls, South Dakota that provides substance use disorder services and mental health counseling to adults and adolescents. Linking the Gap provides services to address addiction, trauma, developmental disabilities and eating disorders, among other needs. Linking the Gap is a partnership between three counselors. Nicole Roth serves as the director and clinical supervisor for substance use disorder services.

Linking the Gap's mission statement is, "We strive to provide our clientele with the tools they need to embark on their journey to better mental health. We strive to build their sense of value, dignity, and self-worth. Linking the Gap Counseling is dedicated to being the missing link, guiding you in the process of bridging the gaps within yourself, and fostering a compassionate, respectful, and accepting environment for you to heal, grow, and bloom. Life might decide to throw difficult situations at you, but we are here to show that you don't have to let

them define you. Our goal is to walk beside you and let you know you are not alone on your journey to growth and self-acceptance."

Linking the Gap is seeking provisional accreditation for outpatient substance use disorder services.

INTERVIEW RESULTS:

Description: The Department of Social Services, Office of Licensing and Accreditation completes confidential interviews with consenting clients and staff of the agency as part of the accreditation process. The interviews are not a scored component of the accreditation review. However, the information obtained in the interviews is used for quality improvement of the agency.

The Office of Licensing and Accreditation interviewed the director and one of the other counselors. Both personnel interviewed noted flexibility and their relationship with other community resources as strengths. Challenges noted during interviews included marketing and learning their electronic health record.

The Office of Licensing and Accreditation interviewed one client. The client had no concerns. The client felt comfortable at Linking the Gap and had no concerns or reservations about being seen there for services.

STAKEHOLDER SURVEY:

Description: Stakeholder Survey data is collected once a year for all accredited mental health and substance use disorder agencies. As part of the survey process, accredited agencies are asked to share the survey with at least three stakeholders in their community. In addition, feedback is gathered from the Department of Corrections (DOC), Unified Judicial System (UJS), and Child Protection Services (CPS) regarding the accredited agencies. The surveys are not a scored component of the accreditation review. However, the information obtained in the survey results is used for quality improvement of the agency.

There are currently no stakeholder survey results for Linking the Gap, as it is a new agency.

AREAS OF RECOMMENDATION FOR SUBSTANCE USE DISORDER SERVICES:

Description: The following area is identified as an area that the agency is recommended to review and ensure that the area is corrected. The area identified met minimum standards which do not require a plan of correction at this time, however if they continue to be found out of compliance on the next

accreditation review, could become future areas of non-compliance requiring a plan of correction.

1. According to ARSD 67:61:05:05, the agency shall provide orientation for all staff, including contracted staff providing direct clinical services, interns, and volunteers within ten working days after employment. The orientation must be documented and must include at least the following items:
 1. Fire prevention and safety, including the location of all fire extinguishers in the facility, instruction in the operation and use of each type of fire extinguisher, and an explanation of the fire evacuation plan and agency's smoking policy;
 2. The confidentiality of all information about client, including a review of the confidentiality of alcohol and drug abuse patient records, 42 C.F.R. Part 2 (June 9, 1987), and the security and privacy of HIPAA, 45 C.F.R. Parts 160 and 164 (April 17, 2003);
 3. The proper maintenance and handling of client case records;
 4. The agency's philosophical approach to treatment and the agency's goals;
 5. The procedures to follow in the even of a medical emergency or a natural disaster;
 6. The specific job descriptions and responsibilities of employees;
 7. The agency's policies and procedure manual maintained in accordance with ARSD 67:61:04:01; and
 8. The agency's procedures regarding reporting cases of suspected child abuse or neglect in accordance with SDCL 26-8A-3 and 26-8A-8.

All three personnel files had evidence of fire prevention orientation, confidentiality orientation, specific job descriptions and responsibilities, and child abuse and neglect reporting orientation. However, there was no evidence in any of the personnel files regarding the maintenance and handling of client case records, procedures to follow in the event of a medical emergency or natural disaster, nor the agency's policies and procedures manual orientation.

AREAS REQUIRED FOR PLANS OF CORRECTION FOR SUBSTANCE USE DISORDER

SERVICES:

Description: The following areas will require a plan of correction to address the rule of non-compliance which shall include an updated policy and/or procedure, a time frame for implementation of this procedure, the staff position or title responsible for implementation and the staff position or title responsible for ensuring continued compliance of the rule.

1. According to ARSD 67:61:02:21, each accredited agency shall make a report to the division within 24 hours of any sentinel event including: death not primarily related to the natural course of the client's illness or underlying condition, permanent harm, or severe temporary harm, and intervention required to sustain life.

The agency shall submit a follow-up report to the division within 72 hours of any sentinel event and the report shall include:

1. A written description of the event;
2. The client's name and date of birth; and
3. Immediate actions taken by an agency.

Each agency shall develop root cause analysis policies and procedures to utilize in response to sentinel events.

Each agency shall also report to the division as soon as possible: any fire with structural damage or where injury or death occurs, any partial or complete evacuation of the facility resulting from natural disaster, or any loss of utilities, such as electricity, natural gas, telephone, emergency generator, fire alarm, sprinklers, and other critical equipment necessary for operation of the facility for more than 24 hours.

Linking the Gap does not have a sentinel event policy nor a root cause analysis policy.

2. According to ARSD 67:61:05:12, each agency shall routinely check the Office of Inspector General's List of Excluded Individuals and Entities to ensure that each new hire as well as any current employee is not on the excluded list. No payment may be provided for services furnished by an excluded individual. Documentation that this has been completed shall be placed in the employee's personnel file.

None of the personnel files reviewed had evidence of checks of the Office of Inspector General's List of Excluded Individuals and Entities upon hire, or at any point since hire.

3. According to 67:61:07:06, an addiction counselor or counselor trainee shall develop an individualized treatment plan based upon the integrated assessment for each client admitted to an outpatient treatment program, intensive outpatient treatment program, day treatment program, clinically-managed low-intensity residential treatment program, or medically-monitored intensive inpatient treatment program. Evidence of the client's meaningful involvement in formulating the plan shall be documented in file. The individualized treatment plan shall be developed within 30 calendar days of the client's admission for a counseling services program.

Three of four applicable client files reviewed did not have an individualized treatment plan completed within 30 days of admission.

4. The program shall document for each client the progress and reasons for retaining the client at the present level of care; and an individualized plan of action to address the reasons for retaining the individual in the present level of care. This document is maintained in the client case record. It is appropriate to retain the client at the present level of care if:
 1. The client is making progress, but has not yet achieved the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the client to continue to work toward his or her treatment goals; or
 2. The client is not yet making progress, but has the capacity to resolve his or her problems. He or she is actively working toward the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the client to continue to work toward his or her treatment goals; or
 3. New problems have been identified that are appropriately treated at the present level of care. The new problem or priority requires services, the frequency and intensity of which can only safely be delivered by continued stay in the current level of care. The level of care in which the client is receiving treatment is

therefore the least intensive level at which the client's new problems can be addressed effectively.

The individualized plan of action to address the reasons for retaining the individual in the present level of care shall be documented every 30 days for an outpatient treatment program.

Two out of two applicable reviewed client files did not have continued service criteria.

5. According to ARSD 67:61:07:12, a designated staff member shall conduct tuberculin screening for the absence or presence of symptoms with each client newly admitted to outpatient treatment, intensive outpatient treatment, day treatment, clinically-managed low intensity residential treatment, clinically-managed detoxification, and intensive inpatient treatment within 24 hours of admission to determine if the client has had any of the following symptoms within the previous three months:

1. Productive cough for a two to three week duration;
2. Unexplained night sweats;
3. Unexplained fevers; or
4. Unexplained weight loss.

Any client determined to have one or more of the above symptoms within the last three months shall be immediately referred to a licensed physician for a medical evaluation to determine the absence or presence of active disease. A Mantoux skin test may or may not be done during this evaluation based on the opinion of the evaluating physician. Any client confirmed or suspected to have infectious tuberculosis shall be excluded from services until the client is determined to no longer be infectious by the physician. Any client in which infectious tuberculosis is ruled out shall provide a written statement from the evaluating physician before being allowed entry for services.

Three out of four applicable reviewed client files did not have a tuberculosis screening completed within 24 hours of admission.

PRIOR AREAS REQUIRING A PLAN OF CORRECTION FOR SUBSTANCE USE DISORDER SERVICES:

Description: This is Linking the Gap's first provisional site review, and thus have had no prior areas requiring a plan of correction.

SUBSTANCE USE DISORDER ACCREDITATION RESULTS:

Administrative Review Score: 89.3%

Combined Client Chart Review Score: 85.0%

Cumulative Score: 85.9%

	Three Year Accreditation (90%-100%)
	Two Year Accreditation (70%-89%)
	Probation (69% and below)
x	One Year Provisional Accreditation (70% or above)